

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Floyd Lolla
1912 North Gent
Indianapolis, IN 46202

2. Article Number

(Transfer from service label)

7003 1680 0000 0330 4597

PS Form 3811, August 2001

8-374 (Doc 47) SJD

Domestic Return Receipt

102595-02-1-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
B. Received by ☐ Date of Delivery
C. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes ☐ No